

REQUEST FOR APPLICATION (RFA) #0829-05

Government of the District of Columbia
Department of Health

HIV/AIDS Administration (HAA)

**Ryan White Title II and District Appropriated Services for Persons Living With
HIV/AIDS**



Announcement Date: August 26, 2005
RFA Release Date: August 26, 2005

Application Submission Deadline: September 28, 2005, 5:00 p.m.

LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL

NOTICE

PRE-APPLICATION CONFERENCE

**2005 Ryan White Title II and District Appropriated Services for Persons Living with
HIV/AIDS Grant**



WHEN: *September 8, 2005*

WHERE: *825 North Capitol St., NE
Conference Room 2125
Washington, DC 20002*

TIME: *1:00 p.m. – 3:00 p.m.*

CONTACT PERSON: *Jerry Brown
HIV/AIDS Administration
825 North Capitol
Washington, DC 20002
Phone: (202) 671-4900
Fax: (202) 535-1710
E-mail: jerry.brown@dc.gov*



Checklist for Applications

- ❑ Applications that do not conform to the requirements listed below will not be accepted.
- ❑ The applicant organization/entity has responded to all sections of the Request for Applications.
- ❑ The Applicant Profile, found in Attachment A, contains all the information requested.
- ❑ The Program Budget is complete and complies with the Budget forms listed in Attachment F of the RFA. The budget narrative is complete and describes the categories of items proposed.
- ❑ The application is printed on 8½ by 11-inch paper, double-spaced (including all bullets and tables), on one side, using 12-point type with a minimum of one-inch margins.
- ❑ The application is to be submitted unbound. The application may be submitted with rubber bands or binder clips only.
- ❑ The applicant must submit six applications. Each of the six applications must be placed in an individual sealed envelope. Of the six (6), one (1) must be an original and the other five (5) are copies.
- ❑ The application format conforms to the “Application Format” listed on page 19 of the RFA.
- ❑ The Certifications and Assurances listed in Attachments B and C are complete and signed and contain the requested information.
- ❑ The appropriate appendices, including the following: 1) Letter of support from the Board of Directors including the names and Board positions of the Directors, 2) Financial worksheet/Budget Narrative, 3) Resume of the Executive Director, and 4) 501(c)3 confirmation. Appendices are within the 5-page limit.
- ❑ **The application is submitted with two completed original receipts**, found in Attachment D, attached to the outside of the envelope or package for HAA’s approval upon receipt.
- ❑ The program narrative section is within the page limit (25) of the RFA.
- ❑ The application (original and five copies) is submitted to HAA no later than 5:00 p.m. on the deadline date of September 28, 2005.

TABLE OF CONTENTS

	Page
SECTION I GENERAL INFORMATION	6
Target Population and Location of Services - 7	
Eligible Organizations/Entities - 7	
Multiple Submissions/Collaborative Efforts - 7	
Award Period - 7	
Grant Awards and Amounts - 7	
Contact Person - 8	
Hours of RFA Pick-up & Delivery - 8	
Internet - 8	
Pre-Application Conference - 8	
Explanations to Prospective Applicants - 8	
SECTION II SUBMISSION OF APPLICATIONS	9
Application Identification - 9	
Application Submission Date and Time - 9	
Application Submission Requirements - 9	
SECTION III PROGRAM AND ADMINISTRATIVE REQUIREMENTS	9
Use of Funds - 9	
Indirect Cost Allowance - 9	
SECTION IV GENERAL PROVISIONS	10
Insurance - 10	
Audits - 10	
Nondiscrimination and delivery of services - 10	
Leverage Requirements - 10	
Threshold Requirements - 10	
Reports/Monitoring/Evaluation - 10	
SECTION V PROGRAM SCOPE	11
Outreach and Referral to AIDS Drug Assistance Program - 11	
HIV/AIDS and Highly Vulnerable Youth (Prevention) - 13	

SECTION VI REVIEW AND SCORING OF APPLICATIONS 16

Review Panel - 16
Scoring Criteria - 16
Decision on Awards - 19

SECTION VII Application Format 19

Description of Application Sections - 19
Knowledge and Understanding of Need - 20
Program Goals, Objectives and Activities - 20
Evaluation Plan - 20
Management and Staffing of the Program - 20
Time Line - 20
Training, Quality Assurance and Program Monitoring - 20
Organizational History - 21
Program Budget and Budget Narrative – 21
Certifications and Assurances - 21
Appendices - 22

SECTION VIII LIST OF ATTACHMENTS (attachments are not included in page totals)

Attachment A Applicant Profile
Attachment B Certification
Attachment C Assurances
Attachment D Original Receipts
Attachment E Culturally Competent
Attachment F Linkages with Providers
Attachment G Board of Directors
Attachment H Work Plan
Attachment I Assurance Checklist



**Department of Health
HIV/AIDS Administration (HAA)
Request for Application #0829-05**

**RYAN WHITE TITLE II AND DISTRICT APPROPRIATED SERVICES FOR PERSONS
LIVING WITH HIV/AIDS**

SECTION I GENERAL INFORMATION

The Department of Health, HIV/AIDS Administration's (HAA) mission is to reduce the incidence of HIV infection and improve the quality of life for persons infected/affected by HIV disease in the District of Columbia through the following activities:

- Assessment of the status of HIV disease;
- Development and implementation of prevention activities through promotion of harm and risk reduction initiatives that encourage behavior change;
- Formulation of policies and plans that address the needs of all sectors of the community;
- Maximum utilization of human, financial, technological, and other resources; and
- Delivery of quality services in a timely manner.

Period of Support

The Ryan White Title II applications selected in the competitive process will receive an award for an initial 6-month period with an additional 12-month option. The District Appropriated applications selected in the competitive process will receive an award for an initial 12-month period with an additional 12-month option. The award will begin on or before October 15, 2005. Each applicant receiving an initial grant will be able to apply for a non-competing continuation award for an additional year. After the first year, funding will be based on:

- Availability of funds
- Success or progress in meeting project objectives during each year of the project

Note: For non-competing continuation awards, grantees must submit continuation applications, written reports, and continue to meet the established program guidelines.

HAA is seeking responses from qualified applicants for its Request for Application (RFA) for the following service areas:

Outreach and Referral to the AIDS Drug Assistance Program (ADAP). Approximately \$200,000 available.

Prevention Services to Youth. Approximately \$340,000 available.

Bilingual information

All program applicants will be required to provide services to limited English speaking clients. Culturally and linguistically appropriate services also includes the ability to work through the

additional challenges providing responsible referrals posed by this target population.

Target Populations and Location of Services

All programs funded as a result of this (RFA) shall operate in the District of Columbia and serve only residents of the District of Columbia who are low-income Persons Living with HIV/AIDS (PLWA) and their families. Outreach and referral services are specifically earmarked for minority populations.

Eligible Organizations/Entities

Applications will be accepted from community-based non-profit organizations, including private non-profit community development corporations, and governmental agencies. Those applying should meet the following criteria:

Non-profit organizations :

- ☐ Are organized under District/Federal law;
- ☐ Have no part of its net earnings benefiting any member, founder, contributor, or individual;
- ☐ Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or had designated an entity that will maintain such an accounting system;
- ☐ Have among its purposes significant activities related to providing services to persons with HIV/AIDS;
- ☐ Can demonstrate current service/program integration or willingness to partner with existing HIV/AIDS providers; and
- ☐ Are eligible to participate in District-funded programs (not disbarred).

Source of Grant Funding

Funds are made available through the Health Resources Services Administration (HRSA) and District of Columbia Appropriations.

Multiple Submission/Collaborative Efforts

Applicants desiring consideration to provide services under more than one service category must submit a separate application for each service category. Thus, an organization may apply as an individual organization or as a part of collaboration per service, but not both.

Award Period

The grant program periods shall be for the duration of 12 months, from October 1, 2005 to September 30, 2006. If funds are available, two additional option years may be granted at the discretion of the District of Columbia HIV/AIDS Administration, if funds are available.

Grant Awards and Amounts

All awards will be based on the availability of funds awarded to the District of Columbia, Department of Health from HRSA and District Appropriations. See individual Program Service areas.

Contact Person

For further information, please contact:

Jerry Brown
HIV/AIDS Administration
825 North Capitol
Washington, DC 20002
Phone: (202) 671-4900
Fax: (202) 535-1710
E-mail: jerry.brown@dc.gov

Hours of RFA Pick-up & Delivery

Applicants can pick up the RFA from 825 North Capitol St., NE, Washington, DC 20002 between 9:00am and 5:00 PM, Monday through Friday. Applications must be returned by **September 28, 2005 no later than 5:00 p.m.**

Internet

Applicants who obtained this RFA through the Internet shall provide HAA with the following by fax:

- ☐ Name of organization;
- ☐ Key contact;
- ☐ Mailing address;
- ☐ Telephone and fax numbers; and
- ☐ Email address.

This information shall be used to provide updates and/or addendum to the Ryan White Title II and District Appropriated Services for Persons Living with HIV/AIDS RFA# 0829-05.

Pre-Application Conference

A Pre-Application Conference will be held September 8, 2005 from 1:00 p.m. to 3:00 p.m., at 825 North Capitol St., NE, Washington, DC. Training Room 2125.

Explanations to Prospective Applicants

Applicants are encouraged to mail or fax their questions to the contact person listed above on/or before **September 20, 2005**. Questions submitted after the September 20 deadline will not receive responses. Please allow ample time for mail to be received prior to the deadline date.

SECTION II

SUBMISSION OF APPLICATIONS

Application Identification

A total of six (6) applications must be submitted in **one (1)** envelope or package. Attachment D should be affixed to the outside of the envelope or package. Of the six applications, one must be an original. **HAA will not forward the application to the review panel if the applicant fails to submit the required six applications.** Telephonic, telegraphic, and facsimile submissions **will not be accepted.**

Application Submission Date and Time

Applications are due no later than 5:00 p.m. on September 28, 2005. All applications will be recorded upon receipt. **Applications submitted after 5:01 p.m., September 28, 2005, will not be forwarded to the review panel for funding consideration.**

An original and five (5) copies of the application **must be** delivered to the following location:

*HIV/AIDS Administration
825 North Capitol, NE – 3rd Floor Reception Area
Washington, DC 20002
Phone: (202) 671-4900
Fax: (202) 535-1710
Attention: Jerry Brown*

Submit Applications In-Person

HAA will no longer accept applications that are mailed, delivered or courier. Please submit the application in sufficient time to be received by 5:00 p.m. on September 28, 2005. **Check list will be reviewed at time of submission. If checklist items are not submitted, the application will not be accepted.**

SECTION III

PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Applicants shall use grant funds only to support Ryan White Title II and District Appropriated Services for Persons Living with HIV/AIDS. The Ryan White Title II and District Appropriated Services for Persons Living with HIV/AIDS grant restricts use of funds for the following:

- ☐ Salaries of an executive director that is also a member of the organization's Board of Directors;
- ☐ Direct patient medical care (including substance abuse treatment, medical treatment, or medications) or research;
- ☐ Service delivery or client care; and
- ☐ Replacement or duplication of existing funding or services.

Indirect Costs Allowance

Applicants' budget submissions must adhere to a ten-percent (10%) maximum for administration/indirect costs for the Ryan White Title II and District Appropriated Services for Persons Living with HIV/AIDS grant. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

SECTION IV GENERAL PROVISIONS

Insurance

The applicant when requested must be able to show proof of all insurance coverage required by law. All applicants that receive awards under this RFA must show proof of insurance prior to receiving funds.

Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving Ryan White Title II and District Appropriated Services for Persons Living with HIV/AIDS grant funds.

Leverage Requirements

While not mandatory, applicants are strongly encouraged to coordinate and collaborate with other organizations in carrying out programs funded through this RFA. **Funding decisions will favor applications demonstrating integration, or the capacity and willingness to partner, with existing HIV/AIDS care providers.** Memorandums of Understanding (MOUs) and written agreements regarding such partnerships must be included to warrant scoring consideration on the basis of integration and collaboration.

Threshold Requirements

All other applications must meet the following minimum threshold requirements:

- ☐ Applicants must possess current 501 (c)3 tax exempt status;
- ☐ Applicants must be non-profit organization with an IRS designation letter.
- ☐ Applicant is current in all financial obligations and contracts with HIV/AIDS Administration; and
- ☐ All other certifications (Drug Free Workplace and Americans with Disabilities Act Compliance).

Reports/Monitoring/Evaluation

The HIV/AIDS Administration shall monitor and evaluate the performance of the applicant according to the scope of work and related service delivery standards.

The HIV/AIDS Administration shall assign a staff person to monitor the project. The Project Monitor shall review all written policies and procedures applicable to the project, review all monthly reports, conduct site inspections, and periodic conferences with the applicant to assess the applicant's performance in meeting the requirements of the grant.

Successful applicants shall submit a Final Report to HAA detailing and in-depth analysis of the impact of the requested funding allocation (Timelines met, Tasks/Activities accomplished, Challenges, Organizational gains, Future goals, etc.).

Reporting/Evaluations for all grants will include:

Successful applicants will work with HAA to provide evaluation data based on pre-developed outcome monitoring indicators, and shall be required to submit a final report detailing the efforts of the program, to include:

- ❑ Targets met;
- ❑ Tasks/Activities completed and Supportive Services delivered (if applicable);
- ❑ Program Successes & Challenges;
- ❑ What could be done differently to ensure success; and will the organization operate its program differently as a result.

SECTION V PROGRAM SCOPE

Outreach/Referral to AIDS Drug Assistance Program (ADAP)

Overview:

The District of Columbia, Department of Health HIV/AIDS Administration is soliciting qualified applicants to provide specific education and outreach service activities, to target sub-populations in the District of Columbia. Target minority populations include: African Americans, Asian Pacific Islander Ethiopian/Eritrean, and Hispanic communities. The focus of the initiative is to 1) increase awareness among minority communities regarding the AIDS Drugs Assistance Program (ADAP); and 2) Educate the public regarding the availability and benefits of the services associated with the ADAP program.

Goals:

- Goal #1: To assure that ethnic minority persons living with HIV/AIDS are aware of the services offered through the Districts ADAP program.
- Goal #2: To link newly diagnosed ethnic minorities to care and treat.

Goal #3: To aggressively outreach to clients who have been diagnosed with HIV disease but have failed to access services made available through the ADAP program. Significant efforts will be placed on identifying those clients that have not access ADAP services for six or more months.

Available Funding:

Approximately \$200,000 in Ryan White Title II funds will be available to fund this service category. To fund up to 3 awards.

Applicant Responsibilities:

1. The applicant is responsible for developing brochures and education/outreach materials that will inform, educate, and raise public awareness regarding access to, and the availability of, ADAP services;
2. The applicant is responsible for outreach to each physician's office, clinic, hospital and community based health facility in the District of Columbia. Special emphasis will be placed on Wards with the highest need and with a high incidence of HIV disease and/or AIDS. Wards with particular interest are Wards 5, 7 and 8.
3. The applicant must ensure that education and outreach materials are geared specifically toward treatment adherence and stressing the need for ADAP clients to continue utilizing ADAP services in the absence of other private/public insurance.

Social Marketing Campaign Responsibilities:

Applicant must be able to do the following:

1. Develop a social marketing campaign and a referral tracking system to ADAP;
2. Produce and disseminate education and outreach materials that inform the target populations of the availability and accessibility of ADAP benefits including but not limited to: 1) program eligibility requirements; and 2) guidelines and procedures associated with accessing ADAP services;
3. Produce and disseminate educational and outreach material to increase awareness of the ADAP program within the medical community that specifically serves ethnic minorities with AIDS. This effort is geared toward increasing minority participation in ADAP.

4. Develop a referral network plan that increases collaborative relationships among minority HIV/AIDS service providers in order to ensure that referral networks are in place. This network must be able to sustain and maintain the continuity of care for persons with HIV/AIDS.
5. Develop and maintain tools that 1) survey the impact of the distribution of ADAP material among the different minority populations and within the different wards; 2) track and provide an analysis of the educational material distributed among the targeted populations. Survey and analysis must also include physician's office, clinic, hospital and community based health facility in the District of Columbia where materials were distributed; and
6. Implementing a comprehensive evaluation of the program which includes but is not limited to a descriptive analysis of all outreach service activities, findings and impact.

HIV/AIDS AND HIGHLY VULNERABLE YOUTH: A TARGETED INTERVENTION

OVERVIEW:

The District of Columbia Department of Health, HIV/AIDS Administration (HAA) is soliciting innovative applications from community-based organizations to provide a comprehensive HIV prevention, education, and counseling and testing program for highly vulnerable youth. For the purpose of this request for applications (RFA), highly vulnerable youth are those youth aged 13 to 21 years who are using or at high-risk for using drugs (both injection and non-injection drug use) and who are at high-risk for HIV and living with HIV/AIDS.

This initiative is focused on highly vulnerable youth incarcerated at the District of Columbia, Youth Services Administration Detention Facility in Laurel, Maryland who may be particularly vulnerable to HIV/AIDS and its medical and psychosocial consequences: youth in risky social environments who are exposed to multiple factors associated with drug use and HIV, but who have limited exposure to factors that are protective; youth who live outside of the protective influences of traditional family, school or work venues; youth who represent the current or emerging face of the HIV epidemic in the United States (e.g., young men who have sex with men) and youth in families or communities already vulnerable as a result of poverty, HIV/AIDS, drug abuse, mental illness, stigma, discrimination, and violence.

GOALS:

The overarching goal of the RFA is to facilitate the development of interventions that reduce HIV infections and mitigate the medical and psychosocial consequences of the virus in order to improve the health and quality of the life of youth at risk for, living with, or affected by HIV/AIDS. This RFA encourages dissemination of innovative, culturally relevant, and age-sensitive interventions.

Specifically, the successful Awardee must be able to independently design a program that encompasses the following:

- GOAL: #1** To provide HIV prevention to vulnerable youth incarcerated at the Youth Services Administration Oak Hill Facility in Laurel, Maryland.
- GOAL: #2** To provide HIV Counseling, Testing and Referral services to vulnerable youth incarcerated at the Youth Services Administration Oak Hill Facility in Laurel, Maryland.

Available Funding:

Approximately \$340,000 in Ryan White Title II funds will be available to fund this service category.

Applicant Responsibilities:

1. The applicant is responsible for the dissemination of innovative approaches to prevent the transmission of HIV infection, e.g., the relation between HIV/AIDS and drug use patterns; physical and mental health co-morbidities; and the impact of social environments among highly vulnerable youth in detention settings; and the relation between HIV/AIDS and drug use patterns; physical and mental health co-morbidities; and the impact of social environments among highly vulnerable youth in detention settings.
2. The applicant is responsible for outreach within the Oak Hill facility for the provision of HIV Counseling, Testing and Referral.

Applications submitted under this RFA should be conceptually clear and theoretically driven, and should address the purposes and objectives of this RFA. In addition, applications should be sensitive to issues of cost, cost-effectiveness, and the integration of public health and public safety. For the purposes of the RFA, HAA requires that providers submitting applications for funding shall provide services based on scientific theory or evidence of demonstrated or probable outcome effectiveness.

Evidenced-based interventions are interventions that have been evaluated using behavioral or health outcomes. Evidenced-based interventions can either be implemented exactly as intended and within a context similar to the original intervention, or adapted and tailored to a different target population if the core elements of the intervention are maintained.

Any intervention used for the proposed project must be based on sound science and theory; a logic model that matches the science and theory to the intended outcomes of interest; and logic model that matches relevant behavioral-epidemiological data from their community and target population.

At a minimum, all interventions implemented by sub grantees must be grounded in social science and/or behavioral theory and there must be sound program theory, articulated in a logic model, as the underpinning for the intervention.

Organizations that are funded by HAA to implement HIV prevention interventions must follow the guidelines in the **Guidance and Protocols for HIV Prevention Interventions**, which are found in Appendix C of the District of Columbia HIV Prevention Plan for 2005-2007.

SECTION VI REVIEW AND SCORING OF APPLICATIONS

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAA shall make the final funding determinations.

Scoring Criteria

All applicants responding to the RFA shall be evaluated by the following selection/scoring criteria, with a total possible score of 100 points. The grant applications will be objectively reviewed against the specific scoring criteria listed below:

Criterion A Knowledge and Understanding of Need (Total 10 Points)

In this section the applicant justifies the need for the proposed services for the target population through a demonstration of the applicant's knowledge and understanding of the following core capacity areas.

1. Knowledge of geographic areas and locations for effectively accessing the target population. **(2 points)**
2. Knowledge and understanding of risk behaviors and characteristics of the target population. **(2 points)**
3. Knowledge and understanding of general outreach and referral techniques. **(2 points)**
4. Knowledge and understanding of barriers that the target population faces to access HIV/AIDS services. **(2 points)**
5. Knowledge and understanding of available resources and gaps in services for the target population. The applicant has identified potential collaborations and linkages with other organizations. **(2 points)**

Criterion B Theoretical and Technical Soundness of Application (Total 30 Points)

1. The applicant provides detailed information on how the proposed program will be implemented. The applicant presents relevant and realistic objectives and activities. The goals and objective of the activities are clearly defined, measurable and time specific. The applicant describes how services are to be provided (e.g. by the organization or in

collaboration with another organization). **(5 Points)**

2. The proposed activities are appropriate and will result in the accomplishment of the project objectives. The proposed project would contribute to the achievement of the established objectives in the designated priority area(s). **(5 Points)**
3. The soundness of the methodology/approach on the target population(s) is demonstrated. **(5 Points)**
4. The applicant has developed a timeline and ensures a reasonable program start-up and completion of the program's major activities. The applicant provides specific start-up and completion dates **(5 Points)**.
5. The applicant describes how the program will be sufficiently managed and demonstrates that the skills and experience of the proposed program staff are adequate to needs of the proposed program **(5 points)**.
6. The proposed impact of the program on the target populations(s) is clearly delineated and justified as to **(5 points)** one of the following:
 - ❑ Extent to which the program will enhance access and address identified barriers to care;
 - ❑ Extent to which the proposed project will ensure geographic and physical access to services for the target population(s), i.e. transportation;
 - ❑ Extent to which the proposed project/services will meet the specific needs of the target population(s).

Criterion C Recent Relevant Experience and Organizational Capability (25 Points)

1. The applicant demonstrated the knowledge and experience relevant to the service applied for and in serving the target population, including: **(20 Points)**

Applicant demonstrates competence in the provision of the services for which funding is requested and consistency with the values presented in the Program Scope; **(10 Points)** and

Applicant clearly states why organization is appropriate entity to receive these funds and describes particular capabilities of the organization. **(10 Points)**

2. Cultural competency, sensitivity and appropriateness (racial, ethnic, economic, gender, age, disability, sexual orientation, etc.) of services are demonstrated in one or more of the following ways **(5 Points)**:

Applicant has identified and has demonstrated an understanding of issues affecting the target population(s) by providing a mechanism for input from community leaders, civic organizations, and advocates for and/or members of the target

population(s) in planning and implementation of proposed services.
Sensitivity to issues of race/ethnicity, gender, culture/lifestyle and sexual orientation is demonstrated throughout the planning process.
Memoranda of understanding or letters of collaboration from community and advocacy groups that demonstrate formal linkages and/or collaboration with other service providers are included.
Language issues are addressed through the availability of staff with appropriate communication skills.

Criterion D Total Evaluation/Quality Assurance (Total 15 Points)

1. The applicant provides evidence of how the various services delivered will be evaluated by a qualified third party. Evaluation method should include performance outcomes and attainment of program targets. Evaluations shall be both formative and summative. **(5 Points)**
2. The applicant identifies methods for conducting process and outcome evaluation related to the objectives, including information on how it will collect and analyze data. **(5 Points)**
3. The applicant demonstrates how it will use the evaluation data to improve the proposed program. **(5 points)**

Criterion E Program Budget & Budget Narrative and Justification (Total 20 points)

In this section, the applicant shall provide details of its budget for each activity. The applicant should demonstrate how the operating costs will support the activities and objectives it proposed.

1. The applicant's proposed budget is reasonable and realistic **(10 points)**.
2. The resources and personnel proposed are sufficient to achieve the objectives of the proposed program **(10 points)**.

Example: The applicant describes what its budget and staffing needs are. Specifics of how it plans to spend funds i.e., how much funding is needed to provide services to the target population (staff, supplies, incentives, etc.), how much is needed to operate the organization (staff, supplies, rent, etc.), how much is needed for contracting with other individuals or organizations (evaluation consultant, auditor, etc.). Provide a description for each job, including job title, function, general duties, and activities, the rate of pay and whether it is hourly or salary, and how much time will be spent by each staff person on the program activities (give this in a percentage, i.e., 50% of time spent on evaluation). If known, the names and titles each person working on the program including staff members and consultants, include this information and resumes (if available). If staff has not yet been identified, the applicant should discuss how it plans to recruit these individuals.

Decision on Awards

The recommendations of the review panel are advisory only and are not binding. DOH/HAA will make recommendations to the Director of DOH who will weigh the results of the review panel against other internal and external factors in making the final funding determinations.

SECTION VII APPLICATION FORMAT

Description of Application Sections

- 1) Applicant Profile
- 2) Cover Page
- 3) Table of Contents
- 4) Knowledge and Understanding of Need (**included in 25 page limit**)
- 5) Program Description (**included in 25 page limit**)
 - a. Program Goals and Objectives
 - b. Evaluation Plan
 - c. Management and Staff
 - d. Timeline
- 6) Organizational History (**included in 25 page limit**)
- 7) Program Budget and Budget Narrative (**Not counted in page total,**)
- 8) Staffing Plan (**Not counted in page total**)
- 9) Certifications and Assurances (**Not counted in page total**)
- 10) Appendices including the following: 1) Letter of support from the Board of Directors including the names and Board titles of the Directors, 2) Resume of the Executive Director, and 3) 501 (c)(3) confirmation.

The maximum number of pages for the total application **cannot exceed 25 double-spaced pages, on one side, on 8½ by 11-inch paper. Bullets and Tables shall be double-spaced also.**

Margins must be no less than one inch and a font size of 12-point is required (New Times Roman or Courier type recommended). Pages should be numbered. **The review panel shall not review applications that do not conform to these requirements.**

Applicant Profile

Each application must include an Applicant Profile, which identifies the applicant, type of organization, years' of experience in similar programs, project service area and the amount of grant funds requested.

Table of Contents

The Table of Contents should list major sections of the application with quick reference page indexing.

Knowledge and Understanding of Need

This section should contain a description of the following: (1) wards **and** neighborhoods where services will be provided along with the reasons for choosing those areas; (2) the specific behaviors and other characteristics of the target population and factors that placed the proposed target population at a risk for HIV; (3) a description of the barriers they face to access HIV/AIDS services and how the proposed program will reduce those barriers; and (4) a description of how the applicant will work with other organizations to improve the delivery of prevention and support services to the target population.

Program Goals, Objectives and Activities

This section of the application should contain goals, objectives and the major activities to reach those objectives. The applicant must provide objectives that are measurable, if applicable (i.e., show with numbers that progress is being made and what specific activities are implemented to achieve each objective).

Evaluation Plan

This section should contain a description of how and when the applicant will evaluate the proposed program. The applicant should explain how it will determine if it's meeting the objectives listed in the application, how it will collect and analyze data, who will be responsible for the evaluation, and how it will use the evaluation information to improve the proposed program, if needed. Evaluations shall be both formative and summative.

Management and Staffing of the Program

This section should contain a description of how the applicant will manage the program, including information on the skills and experience of the program staff.

Timeline

This section should contain a brief timeline, with information on the proposed start and completion dates of the program's most important steps.

Training, Quality Assurance, and Program Monitoring

In this section the applicant should describe how it would determine the training needs of the program's staff and provide that training, and how it will determine the organization's needs for technical assistance and obtain the necessary assistance. The applicant should also describe its plans for quality assurance and program monitoring.

Organizational History

In this section the applicant should describe its experience of a minimum of one year of service as a community-based organization servicing diverse populations; its experience providing outreach and referral or preventions services to youth or other social services to the target population; and its experience linking and collaborating with other organizations.

Program Budget and Budget Narrative

The budget for this application shall contain detailed, itemized cost information that shows personnel and other direct and indirect costs. The detailed budget narrative shall contain a justification for each category listed in the budget. The narrative should clearly state how the applicant arrived at the budget figures.

Personnel

Salaries and wages for full and part-time project staff should be calculated in the budget section of the grant proposal. If staff members are being paid from another source of funds, their time on the project should be referred to as donated services (i.e., in-kind, local share and applicant share). Applicants should include any matching requirements, either case or in-kind. ***Note: These grant funds are not intended to pay off salaries, however staff directly on Ryan White Title II and District Appropriated services projects/programs may be included in the budget.***

Non-personnel

These costs generally include expenditures for space, rented or donated, and should be comparable to prevailing rents in the surrounding geographic area. Applicants should also add in the cost of utilities and telephone services directly related to grant activities, maintenance services (if essential to the program) and insurance on the facility.

Costs for the rental, lease and purchase of equipment should be included, listing office equipment, desks, copying machines, word processors, etc. Costs for supplies such as paper, stationery, pens, computer diskettes, publications, subscriptions and postage should also be estimated. Costs off computers and other office equipment shall be included in the budget of this grant application.

All transportation-related expenditures should be included, estimates of staff travel, pre-approved per diem rates, ground transportation, consultant travel costs, employee reimbursement and so forth.

Indirect Costs

Indirect costs are cost that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant- related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies.

Certifications and Assurances

Applicants shall provide the information requested in Attachments B and C and return them with the application. These forms must be signed.

Appendices

This section shall be used to provide technical material, supporting documentation and endorsements. **The appendices shall contain no more** than fifteen (15) pages. Such items shall include:

- Letter of Support from the Board of directors including the names of Directors;
- Indication of nonprofit corporation status;
- Resume of the Executive Director; and
- Financial Worksheet.

**Attachment A
APPLICANT PROFILE**

A. RFA #1001-04

APPLICATION_____

ORIGINAL_____

OR

OR

ASSURANCE PACKAGE_____

COPY_____

Organization Name: _____

Name of Service Area: _____ (**MAI** ____ **Rural** ____)
Check one if applicable

TYPE OF ORGANIZATION

For-Profit Organization _____ Non-Profit Organization _____ Other _____
(Please specify)

Contact Person:_____

Organization Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

BUDGET

Total Funds Requested: \$_____

Signature of Authorized Official: _____



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer**



**Certifications Regarding
Lobbying; Debarment, Suspension and Other Responsibility
Matters; and Drug-Free Workplace Requirements**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code. and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**2. Debarment, Suspension, And Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.**1. Drug-Free Workplace (Grantees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;



- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and**
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;**
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);**
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—**
 - (1) Abide by the terms of the statement; and**
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: Department of Health, HIV/AIDS Administration,, 717 14th St., NW, Suite 1200, Washington, DC 20005. Notice shall include the identification number(s) of each effected grant;**
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—**
 - (1) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or**
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
 - (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e),. and (f).**
- B. The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:**

Place of Performance (Street address, city, county, state, zip code)



Drug-Free Workplace (Grantees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for grantees as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and**
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:**

**Department of Health, HIV/AIDS Administration, 717 14th St., NW, Suite 1200,
Washington, DC 20005.**

As the duly authorized representative of the applications,

I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date



FEDERAL ASSURANCES FORM

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA



9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier Resources Act (P.L 97-348), dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature

Date

ATTACHMENT D 1

Application Receipt

Date/Time Stamp:

FY2005 Ryan White Title II and District Appropriated

**District of Columbia
Ryan White Title II and District Appropriated
Request for Applications**

STATEMENT OF APPLICATION RECEIPT

ORGANIZATION NAME: _____

SERVICE CATEGORY NAME: _____

(One Receipt per Service Category Application)

TOTAL FUNDING REQUEST: \$ _____

REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)

Statement of Application Receipt

This certifies that 1 original plus 5 copies were delivered to the District of Columbia Department of Health, HIV/AIDS Administration.

Date: _____

Time: _____

Received by: _____
(Signature of DOH Staff)

AFFIX TO “ORIGINAL” APPLICATION

**District of Columbia
Ryan White Title II and District Appropriated
Request for Applications**

Date/Time Stamp:

STATEMENT OF APPLICATION RECEIPT

ORGANIZATION NAME: _____

SERVICE CATEGORY NAME: _____

TOTAL FUNDING REQUEST: \$ _____

REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)

Statement of Application Receipt

This certifies that 1 original plus 5 copies were delivered to the District of Columbia Department of Health, HIV/AIDS Administration.

Date: _____

Time: _____

Received by: _____

FY2005 Ryan White Title II and District Appropriated Services

ATTACHMENT D 2

Assurance Package Receipt

Date/Time Stamp:

FY2005 Ryan White Title II and District Appropriated

**District of Columbia
Ryan White Title II and District Appropriated
Request for Applications**

STATEMENT OF ASSURANCE RECEIPT

ORGANIZATION NAME: _____

CONTACT TELEPHONE NUMBER: _____

REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)

Statement of Assurance Receipt

This certifies that one (1) original Assurance Package was delivered to the District of Columbia Department of Health, HIV/AIDS Administration, Ryan White Program.

Received by: _____
(Signature of DOH Staff)

B. AFFIX TO “ORIGINAL” ASSURANCE PACKAGE

Date/Time Stamp:

ASSURANCE PACKAGE RECEIPT

District of Columbia
Ryan White Title II and District Appropriated
Request for Applications

STATEMENT OF ASSURANCE RECEIPT

ORGANIZATION NAME: _____

CONTACT TELEPHONE NUMBER: _____

REPRESENTATIVE DELIVERING APPLICATION: _____
(please print name)

Statement of Assurance Receipt

This certifies that one (1) original Assurance Package was delivered to the District of Columbia Department of Health, HIV/AIDS Administration. White Program.

Received by: _____
(Signature of DOH Staff)

Attachment E

Capacity to Provide Culturally Competent Services – DIRECTIONS

This table, along with the narrative project description, should describe an applicant's ability to directly provide culturally appropriate services to clients or to provide culturally appropriate services through referral and linkage.

1. Table 1 should be completed for each applicant.
 2. Include information on direct service staff only. Do not include information on administrative support staff or management staff. This information should be included on another table.
 3. In Column 1, list the characteristics of your direct service staff for a given service category. Use the "Other" row to indicate specific cultural characteristics such as sexual orientation, youth and adolescence, hemophilia, sign language interpretation, etc.
 4. In Column 2, list the number of direct staff and percent of direct staff with that characteristic.
 5. In Column 3, list the specific cultural skills those staff have i.e., languages they speak, targeted population they serve, etc.
 6. In Column 4, list the consultants or linkages you use to enhance the availability of culturally appropriate services.
-

FY2005 Ryan White Title II and District Appropriated Services

SAMPLE

CAPACITY TO PROVIDE CULTURALLY COMPETENT SERVICES

Applicant: Mental Health Community Based Organization, Inc.

CHARACTERISTIC	NUMBER / PERCENT OF DIRECT SERVICE STAFF	DESCRIPTION OF CULTURAL SKILLS	NAME OF CONSULTANTS AND LINKAGE ORGANIZATIONS
Race / Ethnicity (Please list) African American Latino White	4 (100%)	Staff is skilled in providing culturally appropriate services to African American women, adolescents, and men.	Linkage with ABC Health, Inc. for Latino clients. Linkage with XYZ Clinic for gay/bisexual white males. Linkage with QRS County Health Dept., Division of Mental Health Services.
Gender (Please List) Male Female	1 (25%) 3 (75%)		

FY2005 Ryan White Title II and District Appropriated Services

CAPACITY TO PROVIDE CULTURALLY COMPETENT SERVICES

Applicant: _____

Service category: _____

CHARACTERISTIC	NUMBER / PERCENT OF DIRECT SERVICE STAFF	DESCRIPTION OF CULTURAL SKILLS	NAME OF CONSULTANTS AND LINKAGE ORGANIZATIONS
Race / Ethnicity (Please list)			
Gender (Please List)			

ATTACHMENT F

FY2005 Ryan White Title II and District Appropriated

LINKAGE WITH OTHER SERVICE PROVIDERS -DIRECTIONS

1. Applicants must complete the attached table to detail their ability to assure a continuum of care.
For all applicants that are awarded Title I funds, the information on the attached table will be verified and monitored.
 2. Applicants should pay particular attention to the specific linkage requirements noted for each service category in the service category Descriptions section. If a linkage is not required, please indicate “NA” (for not applicable) in the space provided.
 3. Applicants may use additional sheets to list linkages if necessary.
 4. Column 1 lists the various service categories funded under Title I.
 5. In Column 2, applicants should place a check mark in the space provided if they provide that service directly.
If you do not provide the service directly, leave the space blank.
 6. In Column 3, list all organizations with whom you have collaborative agreements and linkages for the given service categories.
-

ATTACHMENT F

FY2005 Ryan White Title II and District Appropriated

LINKAGE WITH OTHER SERVICE PROVIDERS

Applicant:

SERVICE CATEGORY	PROVIDE DIRECTLY	PROVIDE THROUGH LINKAGE (Name Organizations)
1. PRIMARY MEDICAL CARE		
1a. MAI PRIAMRY MEDICAL CARE		
2. CASE MANAGEMENT		
3. ORAL HEALTH		
4. EMERGENCY DRUG ASSISTANE		
5. SUBSTANCE ABUSE COUNSELING		
6. MENTAL HEALTH THERAPY/COUNSELING		
7. FOOD VOUCHER		
8. ASSISTED TRANSPORTATION		
9. RENTAL ASSISTANCE		

ATTACHMENT F

FY2005 Ryan White Title II and District Appropriated

10. UTILITY BILL ASSISTANCE/ TELEPHONE		

C. LINKAGE WITH OTHER SERVICE PROVIDERS

Applicant:

SERVICE CATEGORY	PROVIDE DIRECTLY	PROVIDE THROUGH LINKAGE (Name Organizations)
11. NUTRITIONAL COUNSELING		
13. FOOD BANK		
14. HOME DELIVERED FOOD		
15. DISCHARGE PLANNING		
18. PEER/PARA PROFESSIONAL COUNSELING		
19. TREATMENT ADHERENCE/COMPLIANCE		

ATTACHMENT F*FY2005 Ryan White Title II and District Appropriated*

20. CHILDCARE/BABYSITTING		
22. LEGAL SERVICES		
23. COMPLEMENTARY THERAPIES		
24. CRISIS INTERVENTION		
26. INTERPRETER SERVICES		
29. HOME HEALTH- PERSONAL CARE AIDES		
30. EARLY INTERVENTION SERVICES		
31. HOME HEALTH- PROFESSIONAL NURSING		
32. DAY TREATMENT		
33. RESPITE CARE		
34. HOME HOSPICE SERVICES		
35. BEREAVEMENT COUNSELING		

ATTACHMENT F

FY2005 Ryan White Title II and District Appropriated

36. ADOPTION/FOSTER CARE/ PERMANENCY PLANNING		
37. CAPACITY BUILDING		
39. VOLUNTEER COORDINATION		
HEALTH EDUCATION/RISK REDUCTION		
PRIMARY MEDICAL – OUTREACH REFERRAL		

ATTACHMENT G
FY 2005 Ryan White Title II and District Appropriated Services

DOCUMENTATION OF COMPOSITION OF BOARD OF DIRECTORS AND MANAGEMENT

A minority organization is one:

- 1) Having a board or governing body composed of more than 50%:
 (a) African Americans; (b) Latinos/as; (c) Asian/Pacific Islanders; (d) American Indian/Alaskan Natives
- 2) Having a management or supervisory staff composed of more than 50%:
 (a) African Americans; (b) Latinos/as; (c) Asian/Pacific Islanders; (d) American Indian/Alaskan Natives

Examples of management and supervisory staff include, executive director, program director, fiscal director, case manager director, medical director, clinical director and any other staff performing management or supervisory functions.

NAME OF ORGANIZATION: _____

RYAN WHITE TITLE I YEAR 10		<i>RACIAL / ETHNIC GROUP</i>													
		AFRICAN AMERICAN		LATINO / LATINA		ASIAN / PACIFIC ISLANDER		AMERICAN INDIAN / ALASKAN NATIVE		WHITE		OTHER (please specify)		TOTAL MINORITIES	
Organizati on Personnel	Total Number of Personnel	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Board of Directors															
Manageme nt & Supervisor y Staff															
Totals															

Certification: I certify that the information contained in this table is complete and true:

Name of Executive Director: (Print) _____ Signature _____

Date: _____

Ryan White Title II and District Appropriated Services

ATTACHMENT H – Work Plan

Number of Unduplicated Clients to be served: These blocks contain an unduplicated count of persons to be served in total. (Use this space to identify the targeted populations and targeted subpopulations you will serve in this service category. Describe the geographic area to be served, income requirements, and priorities by stage of disease, etc.)

Total # of Each Service Unit(s) to be provided: List each major service unit(s) to be provided.

Budgeted Cost: Provide the total cost for the service category. This figure should be the same as the total contained in the Budget for the service category.

Service to be Funded	Target Population & Number of Unduplicated Clients to be Served	Total # of Service Units to be provided	Budgeted Cost

Ryan White Title II and District Appropriated Services

ATTACHMENT I

District of Columbia -Assurances

NAME OF ORGANIZATION: _____

Applicants are required to submit **one (1)** unbound original and **two (2)** copies of certifications, affidavits, and assurances in three (3) separate, sealed envelopes. The assurance checklist should be placed in the envelope of each packet. The outside of each envelope must be conspicuously marked as follows:

1. Assurances in response to this RFA.
2. Whether content is “original” or “copy”.

Certifications to include:

- ___1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B)
- ___2. Signed Federal Assurances (Attachment C)

Evidence of Insurance to include:

Table of Contents: Pages must be consecutively numbered.

- ___1. Commercial General Liability
- ___2. Professional Liability
- ___3. Comprehensive Automobile Insurance
- ___4. Worker’s Compensation Insurance

Licenses to include:

- ___1. Certificate of Occupancy.
- ___2. Medicaid Certification.
- ___3. 501 (C) (3) Certification. For non-profit organizations
- ___4. Articles of incorporation and corporate by-laws; partnership or joint venture agreement if applicable.
- ___5. For-profit organizations must submit a copy of any current license, registration or certificate to transact business in the relevant jurisdiction, including a certificate of occupancy.
- ___6. Audits and Financial Statements
- ___7. Certificate of good standing from local tax authority.
- ___8. Copy of operating policies and procedures and patient handbook or statement of client rights and responsibilities.
- ___9. Client Eligibility Criteria: Protocol used to verify that clients are eligible for Ryan White CARE Act funded services, including a sliding fee scale, if applicable.
- ___10. Provide the policies and/or protocols used to protect the confidentiality of clients.
- ___11. Evidence of organizational Compliance with HIPAA regulations.
- ___12. Copy of internal client grievance procedures.

Ryan White Title II and District Appropriated Services

Print Name of Applicant Representative: _____

Title: _____

Telephone: _____ Fax: _____ Date: _____